FEE:	\$
Check	payable to:
CITY (	OF CONCORD

## CITY OF CONCORD HEALTH SERVICES DIVISION 37 Green Street Concord NH 03301

## APPLICATION FOR TEMPORARY PEDDLERS/VENDORS LICENSE

Name of Applicant		Phone No	
Home Address			
Business Name	Phon	Phone No	
Business Address			
Vehicle Description		Registration	
Sex Age Height	Weight	Color Hair	Color Eyes
Products Being Sold			
Location for sale of goods			
Proposed dates of operation:	From	T	o
Proposed hours of operation:	From	Т	`o
Photograph of vehicle or stand b	Yes	No	
Written permission from abutters	: Yes	No	
Copy of State of NH Hawkers &	Yes	No	
Certificate of Insurance:		Yes	No
ALL LICENSE APPLICATI PROPOSED DATES TO ALL THIS LICENSE MAY BE RI AND 10-13 OF THE MUNICI	OW FOR PROCESSIN EVOKED ACCORDIN	IG. IG TO CHAPI	
APPLICANT'S SIGNATURE _		DATE	
APPROVED			DATE
]	Licensing Officer		

## **LICENSE FEES**

1.	The license fee to peddle on private property, other than from a motor	vehicle or from a fixed
loc	ation, not to exceed one (1) week in duration	[ ] \$49.70/week
2.	The license fee to peddle from a fixed location on private property	[ ] \$27.15/day
3.	The license fee for a temporary vendor's license on public property from	a fixed location under
	provisions of 15-8-16, Street Fairs	[ ] \$49.70/day
	provisions of 10 o 10, Sureevi unis	[ ] 4 .> ., 6, 44.